

2. Project Description

- 2.1 Briefly describe the program proposal being submitted. You may include staff experience, licenses, credentials, and a brief history of the program, etc.

Do not exceed space provided.

- 2.2 Describe the purpose of your organization, or provide your “Mission Statement”

Do not exceed space provided.

- 2.3** Is this project a collaborative effort? Does your agency provide services through or in conjunction with any other agencies? If so, how? If not, why not? What other local agencies provide a similar service? How do you work with them?

Do not exceed space provided.

3. Goals and Objectives

- 3.1** Describe the intended results of this project. Describe how you measure these results.

Do not exceed space provided

- 3.2** Describe population currently served, and describe any intended change in population to be served in the upcoming year. The following chart must be completed and must reflect **unduplicated numbers of Huntington Beach residents**.

	<i>HB Residents 2005/2006</i>	<i>Proposed HB Residents 2006/2007</i>
Extremely Low Income		
Very Low Income		
Low & Moderate Income		
Total		

2005 HUD INCOME STANDARDS FOR ORANGE COUNTY

eff. 2/11/05

Household Size	County Median	Extremely Low 0-30% of Median	Very Low 31-50% of Median	Low & Moderate 51%-80% of Median
1	53,000	16,150	26,900	43,000
2	60,550	18,450	30,700	49,150
3	68,150	20,750	34,550	55,300
4	75,700	23,050	38,400	61,450
5	81,750	24,900	41,450	66,350
6	87,800	26,750	44,550	71,250
7	93,850	28,550	47,600	76,200
8	99,900	30,400	50,700	81,100

- 3.3** Provide a three-year history of unduplicated low-moderate income **Huntington Beach** residents served by this activity. Please refer to income level chart shown above.

<i>Year</i>	<i>Total Served</i>	<i>Total HB Residents</i>	<i>Total Low-Mod HB Residents</i>
2005/2006 (est.)			
2004/2005			
2003/2004			

RACE	HB Residents 2005/2006	Proposed HB Residents 2006/2007
White		
Black/African American		
Asian		
American Indian or Alaska Native		
Native Hawaiian or Other Pacific Islander		
American Indian or Alaska Native AND White		
Asian AND White		
Black/African American AND White		
American Indian/Alaska Native AND Black/African American		
Other:		
HISPANIC/LATINO ETHNICITY		
Mexican/Chicano		
Cuban		
Other Hispanic/Latino		
Number of Female -Headed Households		

3.4 If you are currently receiving CDBG funds for the 2005/2006 program year, please report the results for the current fiscal year, and how these results are currently being measured.

Current year CDBG funding: _____

Original quantifiable goals for current year: _____

Are original quantifiable goals being met: _____

Explanation:

- 3.5 Will this activity serve on a city-wide basis? ☐ Yes ☐ No
- 3.6 Is this activity located in a CDBG Enhancement Area? ☐ Yes ☐ No

If yes, please check appropriate area(s):

- ☐ Adams ☐ Bolsa Chica-Heil ☐ Garfield ☐ Goldenwest
- ☐ Newland ☐ Oak View ☐ Washington ☐ Yorktown

4. Budget

Funding Amount Requested from Huntington Beach CDBG \$ _____

Identify all other funding sources and amounts, including any grants and/or foundations:

Amount of Other Funding	Identify Sources
\$ _____	_____
\$ _____	_____
\$ _____	_____
TOTAL \$ _____	

Please note: Total funding amount shown above should equal the Grand Total shown under Total Cost on page 8 of this document.

Approval of this request will:

- a.) _____ Provide the same amount of services
- b.) _____ Replace a previous source of funding
- c.) _____ Increase services

Please explain the above:

Provide three-year history of funding from grants and foundations:

Year	Providers	Amounts Funded
2005/2006		
2004/2005		
2003/2004		

All applications must have the following budget information completed:

- ❑ **Actual current year budget.** If Huntington Beach CDBG funds are part of your current year budget, indicate specifically the expenditures supported by the grant

Budget Detail for Current Year 2005/2006

A. Personnel Services:	Total Cost	CDBG Cost	Number of Staff
1. Salaries			
2. Benefits			
3. Administration			
TOTAL	\$	\$	
B. Non Personnel Services			Description
1.			
2.			
3.			
4.			
5.			
TOTAL	\$	\$	
C. Capital Outlays:			Description
1. Construction / Improvements			
2. Rehabilitation			
TOTAL	\$	\$	
GRAND TOTAL	\$	\$	

- **Proposed program budget for the 2006/2007 program year.** Indicate specifically which line items and amounts would be supported by Huntington Beach CDBG funds if the requested amount is awarded. **Note that if an amount other than the amount requested herein is awarded, a revised budget reflecting the award amount will be required**

Budget Detail for Proposed CDBG Budget Summary -- 2006/2007

A. Personnel Services:	Total Cost	CDBG Cost	Number of Staff
1. Salaries			
2. Benefits			
3. Administration			
TOTAL	\$	\$	
B. Non Personnel Services			Description
1.			
2.			
3.			
4.			
5.			
TOTAL	\$	\$	
C. Capital Outlays:			Description
1. Construction / Improvements			
2. Rehabilitation			
TOTAL	\$	\$	
GRAND TOTAL	\$	\$	

Provide three-year Huntington Beach CDBG funding history:

Year	Amount Requested	Amount Funded
2005/2006		
2004/2005		
2003/2004		

5. Public Services Information

5.1 Client Intake Information:

If awarded Community Development Block Grant funds, HUD requires subgrantees to obtain and verify the following client data:

- ☐ Number of Persons in the Household
- ☐ Total Household Income
- ☐ Ethnicity
- ☐ Female Head of Household

Please attach a copy of client information form. If no form is used, describe how the public services information will be obtained and verified.

**Original, signed application packets are due
no later than 4:00 PM on February 7, 2006, to:
City of Huntington Beach
Economic Development Department, Attn: Luann Brunson
2000 Main Street, Fifth Floor
Huntington Beach, California 92648**

*Direct questions to:
Luann Brunson, CDBG Administrator
City of Huntington Beach, P O Box 190, Huntington Beach, CA 92648
Phone 714 536-5529 Fax 714 375-5087
e-mail: lbunson@surfcity-hb.org*

I certify under penalty of perjury the foregoing application for Community Development Block Grant funds for 2006/2007 is true and correct. I understand additional documentation will be required if award is granted.

Signature _____ Date _____
[must be Authorized Representative from Page 1 of Application]

Please print or type name and title of signer Name _____
Title _____